



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

DISCLOSURE OF PARTNERSHIP

1. **Partnership Name:** _____
(General, LP, LLP)

Business Mailing Address: _____

City State Zip

County UBI#: _____

Telephone: _____ FAX: _____

Cell (Optional): _____

E-Mail Address: _____

2. **Trade Name:** _____

3. **Complete the following information for ALL partners:**

DECLARATION / SIGNATURE OF PARTNER

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission (see WACs 230-04-022, 230-12-305, and 230-12-310).

a. Primary / General Partner:

Last Name: _____

First Name: _____ MI: _____

Social Security #: _____ Birthdate: _____

Mailing Address: _____

City State Zip

County Date Acquired: _____

Signature: _____ Date: _____

b. Partner:

Signature: _____ Date: | | | - | | | - | | | | |

Signature: _____ Date: | | | - | | | - | | | |

Signature: _____ Date: | | - | | - | |

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